

**Application Data Sheet**

**Application Information**

Application Number: To be assigned  
Filing Date: September 28, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Title:: Wrapping Machine  
Attorney Docket Number:: 242/9-1998  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: Italy  
Status:: Full Capacity

Given Name:: Fabio  
Family Name:: FRABETTI  
City of Residence:: Bologna  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Via A. Testoni, 12  
City of mailing address:: Bologna  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: I-40123

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Luca  
Family Name:: BARALDI  
City of Residence:: Bologna  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Via C. Varolio, 5  
City of mailing address:: Bologna  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: I-40133

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: Italy  
Status:: Full Capacity  
Given Name:: Flavio  
Family Name:: GIOVANNINI  
City of Residence:: Rastignano  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Via Valle Verde, 26  
City of mailing address:: Rastignano  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: I-40067

### **Correspondence Information**

Correspondence Customer Number::	28147	
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Phone number:: (203) 366-3560  
Fax Number:: (203) 335-6779  
E-Mail address:: wjspatent@aol.com

**Representative Information**

Representative Customer Number::	28156	
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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Italy	BO2002A000174	04/03/02	Yes

**Assignee Information**

Assignee Name: INPAK IMOLA S.R.L.

Street of mailing address:: Via Brodoloni, 10/A

City of mailing address:: Imola (Bologna)

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address::